

APPLICATION TO AMEND INDIVIDUAL LICENSE

NAME	SOCIAL SECURITY NUMBER
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Use this application when adding a line of authority to an existing individual license.

Since last disclosure on your initial license application or your previous license renewal or reinstatement form, have you (other than by this department): PLEASE READ CAREFULLY.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Had any action taken against your insurance license(s) or any other professional license(s), or the license(s) of any agency in which you have/had ownership, by any state or other jurisdiction? (Excluding non-compliance with continuing education requirements). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Exclusive of minor traffic violations, been convicted of, or are you currently charged with committing a crime, whether or not adjudication was withheld? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>“Crime” includes a misdemeanor, felony or a military offense. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or fine.</p> | | |
| 3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupation license? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>“Involved” means having a license censured, suspended, revoked, canceled or terminated; OR being assessed a fine, placed on probation or surrendering a license to resolve an administrative action; being named as a party to an administrative or arbitration proceeding which is related to a professional or occupation license; or having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> | | |

If the answer to any of the above questions is YES, you must attach a dated and signed explanation and provide copies of orders and all pertinent documents.

Please indicate on the lines provided below, if you have had a change of address or telephone number.

Business or Mailing address:

Home address:

Address line 1.....	
Address line 2.....	
	...City, State, Zip Code....	
()	...Phone number....	()
E-mail.....	

I certify that all information I have supplied on this application is complete, true and correct to the best of my knowledge.

Signed: _____ **Date:** _____

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